ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *162*

Registered No. _____

1. PLACE OF BIRTH

County _Gila_ State _Ariz_

District or Township _____ or Village _____

City _Payson_ No. _____ St., _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Dale Norris_ { If child is not yet named, make supplemental report, as directed. }

| 3. Sex of Child _Male_ | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _2_ | 6. Legitimate? _Yes_ | 7. Date of birth _12, 17, 1926_ |
| | | 5. No., in order of birth _4_ | | Month Day Year |

8. FATHER

Full name _Homer Norris_

9. Residence (Usual place of abode) _Payson, Ariz_
If non-resident, give place and state.

10. Color or race _white_ | 11. Age at last birthday _35_ (Years)

12. Birthplace (city or place) _Penna_
(State or country)

13. Occupation Nature of industry _Farmer_

14. MOTHER

Full maiden name _Jessie Franklin_

15. Residence (Usual place of abode) _Payson, Ariz_
If non-resident, give place and state.

16. Color or race _White_ | 17. Age at last birthday _35_ (Years)

18. Birthplace (city or place) _Ariz_
(State or country)

19. Occupation Nature of industry _Housewife_

20. Number of children of this mother _4_
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _4_
(b) Born alive but now dead _0_
(c) Stillborn _0_

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _born alive_ at _6_ _a_ m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _C H Risser_
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year

Address _Payson Ariz_

Filed _Aug 9_, 19_27_ _C H Risser_ Registrar

_____ Registrar

_4/52 - 1217 - 162_